



Illinois HIV Integrated Planning Council (IHIPC) April 19, 2018, 9:30 am – 12:00 pm Webinar
Meeting Minutes

9:30 am: Welcome; introduce co-chairs and facilitators, acknowledge moment of silence (5 minutes)

Everyone was welcomed to the meeting. Introductions were made. J. Maras lead the group in recognizing a moment of silence for people living with HIV and all providers working in HIV prevention, care, and related areas.

9:35 am: Meeting process; Attendance; Announcements; Updates (10 minutes)

- » Meeting process, meeting survey, online discussion board instructions
- » Roll call attendance of voting members, announcement of non-voting members and others, including those participating remotely
- » Review of agenda, meeting objectives, IHIPC purpose,
- » Announcements, Update on IHIPC Committee Membership and Leadership

After instructions were provided re: the webinar and online meeting surveys and discussion boards, roll call was taken of voting and at-large members. The agenda items, objectives for the meeting, Concurrence checklist, and purpose of the IHIPC were reviewed. The Co-chair then made several reminders and announcements re: completed and upcoming IHIPC activities and plans and also noted that included in the handouts posted for today's meeting were numerous updates and reports received from the Care and Prevention Regional Lead Agents, the IDPH HIV Section Programs, and the IHIPC Agency and Planning Council Liaisons. She also mentioned that the Integrated Planning Steering Committee had reviewed the survey responses and recommendations from the last meeting. We realize that some of our presentations can be data-heavy, but in some cases. That is necessary to advance the work of the IHIPC. We will work with presenters to ensure the presentations are as interactive and understandable as possible. We will also work with members to try to identify questions for discussion in advance of the meeting. In addition, beginning with the June meetings, we will add a time slot at the end of each webinar and meeting to recap the presentations and discuss their relevance to the work of the IHIPC and next steps. She also stated that the committee decided to keep the NHAS/CoC identifiers on the meeting agendas. These help the IHIPC as a whole, its committees, and members keep on track with meeting those objectives and ensuring the essential elements of concurrence are being met at meetings throughout the year.

9:45 am: Demonstration of Linkage between 2018 Care Grant Workplans/Budgets to the Integrated Plan

Jeffery Maras, ADAP/RW Part B Administrator, IDPH

J. Maras provided a comprehensive overview of the FFY18 RW Part B and HOPWA grants and budgets, demonstrating how the services, activities and their allocated funding aligned with HRSA requirements, Illinois' Integrated Plan priorities, and plans to meet the NHAS goals and raise the bars along the HIV Care Continuum. He discussed ongoing quality assurance, needs assessment, community engagement/outreach, and regional planning activities required of the regional care lead agencies. He reviewed several ongoing initiatives for 2018, including continuing with the pilot of the Open Formulary with exclusions and the Hepatitis C treatment for dually infected PLWH, supporting the PrEP4 Illinois website application, and monitoring the programmatic impact of the 2018 increase in Marketplace insurance.

Question: Can you explain the Open Formulary with exclusions?

Answer: With the Closed formulary, the Department determines a list of 178 drugs that were eligible for coverage. With the Open formulary with exclusion pilot, a host of medications beyond that 178 drugs are eligible for coverage. There is however a list of specific exclusions (like injectables) and certain drug class exclusions (like certain controlled substances and cosmetic medications) that ADAP is prohibited from covering.

Comment: I'm excited to see how we can include the work that the RW Program staff are doing to engage and re-engage people in medical care into the overall picture of the work being done in Illinois in terms of prevention efforts for PLWH in Illinois. The addition of the retention specialists in each region was mentioned as an example.

10:15 am: Illinois' Opioid Crisis Response Advisory Council/IDPH Strategic Health Initiatives Addressing the Opioid Crisis

Amanda Kim, J.D., Head of Strategic Health Initiatives, Office of the Director, IDPH

A. Kim provided a very comprehensive overview of the impact of the opioid crisis in Illinois; the State Opioid Action Plan (SOAP), its three pillars, six priorities, and nine strategies; and recent, ongoing, and upcoming activities planned to address the opioid crisis.

In 2017 alone, opioid overdoses killed about 2,100 in Illinois. The rate of ED visits for opioid overdoses increase by 65% from 2016-2017. Synthetic opioids (Fentanyl) and heroin are the primary drivers behind the recent increase. The State Opioid Action Plan has set as a goal to reduce projected deaths from opioid overdose by 33% by 2020. Throughout the lifecycle of opioid use disorder, there is a continued linkage with the criminal justice system. Prevention is a key component of the Action Plan and includes numerous strategies and activities for safer prescribing and dispensing, education and stigma reduction, monitoring and communication. Several of these were described. Treatment and Recovery is another key component. Increasing access to care is important. There are several counties and areas in Illinois where there are no physicians or centers providing medication assisted treatment for opioid use disorder (MAT deserts). Supporting and increasing the capacity of justice-involved deflection and diversion programs (such as Safe Passage Initiatives and drug courts) is another strategy. Response is the third component of the plan. That involves enhancing rescue through increasing training and access to Naloxone and supporting justice-involved populations by increasing the training and provision of naloxone upon release.

A. Kim said that the SOAP Implementation Plan is scheduled to be released by the Governor's Opioid Task Force this Spring. She also spoke about an Opioid Crisis Response Advisory Council that is open to the public. That council provides recommendations for the SOAP Implementation Plan. Several links to the full SOAP, fact sheets, and online resources were shared with the group. She also demonstrated the IDPH Opioid Data Dashboard that is interactive and can be used to look at county level data, trends by demographics, cause of OD, and prescribing trends. A. Kim spoke about the activities being conducted by the SAMHSA FR-CARA Grant in 18 high-need counties in south-central Illinois. She specifically mentioned Bethany Place and Heartland Human Services as two funded agencies.

Question: I've seen Vivatrol ads on the CTA in Chicago. Do you have information on that? Will it be a factor in this program?

Answer: It is one of the MAT approved by the FDA and definitely part of the strategy to increase access to care. I believe Corrections is piloting it prior to release from IDOC.

Comment: For our HIV/HCV impacted individuals in the UIC-IDOC Telemedicine Program, I am working with them from a pre-and a post-release approach to ensure they are knowledgeable about treatment programs supportive of their opioid addiction. As a long-time addictions counselor, I am elated to see the planning group addressing substance use disorders. I think entering the criminal justice system, specifically IDOC, is the crux of this initiative. If we can hyper-focus on informing and educating current inmates and correctional officers, we can hit the opioid epidemic as hard as it is hitting our vulnerable communities.

Answer: I agree. Part of the SOAP includes educating both inmates and correctional officers. I believe IDOC and DAS are working on a pre-release initiative doing just that.

Question: Will the prevention components of the SOAP address behavioral health and adverse childhood events as root causes of opioid abuse?

Answer: The SOAP was meant to have a broad application on opioid use disorder (OUD) for all Illinoisians. Adverse childhood events weren't included in the original SOAP. There is a lot of overlap with behavioral health and OUD treatment. Harm reduction and AIDS service organizations are a lot of the organizations that are included in the Implementation Plan.

Question: What are the limitations to the Good Samaritan Law immunity?

Answer: If you think you're witnessing a drug overdose and administer naloxone, the overdose victim will receive immunity from criminal charges for drug possession and you will have immunity from any charges in providing the naloxone. There may be some limitations in receiving immunity in situations involving willful misconduct or drug-induced homicide.

Comment: It sounds as if the SOAP also aligns with the NHAS goals and the HIV Care Continuum steps, especially those related to reducing new HIV infections and increasing access to care.

Question: Where would we receive more information about participating in upcoming meetings of the Advisory Council that is open to the public?

Answer: I believe those meetings are run by DASA and information should be available by goggling it online.

Note: Complete information is available at the following: <http://www.dhs.state.il.us/page.aspx?item=97186>

To join the Council, please contact Brian Pacwa at 312-814-6529.

11:15 am: Overview of Illinois' Opioid State Targeted Response Grant

Richard Sherman, Division of Alcohol and Substance Abuse, Illinois Dept. of Human Services

R. Sherman, manager of DASA's State Targeted Opioid Response (STR) Grant, provided an overview of the grant, its current funding and project activities, and funding requirements. No funding for evaluation was included in the grant. The data collection requirements are minimal; however, DASA has added some to capture outcomes measures. The funding is split 80% treatment, recovery, and support and 20% prevention.

There is not ready access to Outpatient Methadone Treatment in all areas of the state. It is clearly clustered in certain geographic locations. DASA has funded three organizations to provide expanded recovery home services. This is new. Vivatrol assisted services have been implemented in eight county jails, including Cook County Jail. Through Feb. 2018, 2,329 persons were provided community outreach services. The Illinois Opioid Crisis Helpline was launched Dec. 2017. To date, the helpline has received over 2,500 calls. The major portion of the prevention arm of the funding supports an expansion of naloxone distribution services in Illinois. As of Feb 2018, 3,392 individuals have been trained, 2,294 naloxone kits have been distributed, and 327 opioid reversals have been reported. There are likely many that have not been reported.

R. Sherman showed several graphs displaying several client outcomes monitored and measured, comparing baselines to six-month follow up changes. These demonstrated statistically significant improvements in each.

Question: Are clients receiving outpatient treatment and recovery services offered HIV and HCV testing?

Answer: HIV and HCV testing are not supported by the STR grant or by SAMHSA block grant funding, but it is supported by DASA's licensed treatment providers. See the DASA Smart Alert flyer that is included in the meeting handouts for more detailed information.

Question: There were several related questions about women receiving services at methadone clinics or recovery centers being tested for pregnancy and if pregnant clients received HIV and syphilis testing and referrals for prenatal care.

Answers: DASA funding is not used for HIV and HCV testing. In every contract that DASA has with a licensed provider, pregnant women are considered a priority population, however. The provider would be required to work with the client's primary provider for a referral to prenatal care. There is not a wait list for appropriate treatment and recovery services for pregnant women.

Question: Is there a list of outpatient methadone treatment and expanded recovery home service providers?

Answer: R. Sherman said that he will provide that list to J. Nuss for dissemination.

Question: Can organization order/get the Helpline pocket cards you mentioned?

Answer: R. Sherman said they are available by calling the Hotline. J. Epstein said that PHIMS has a supply of them as well.

Question: I am concerned about the Illinois MAT desert map that was shown. What is being done to address this lack of services?

Answer: DASA should be releasing a Funding Opportunity Announcement very shortly to address these areas.

Question: Does the Medicaid program in Illinois cover MAT like methadone and buprenorphine for treatment of OUD?

Answer: Treatment services for MAT are now reimbursable through Medicaid in Illinois. This is new, especially for methadone.

11:55 am: Public Comment Period/Parking Lot/Announcements

No formal requests for public comment were received. No items had been placed on the Parking Lot. The Chair asked if there were any further comments or announcements. None were made.

12:00 pm: Adjourn

The Co-chair formally adjourned the meeting.